## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

**Application or Docket Number** 

7100637-991122

(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			13	5129			ı	RATE	FEE		RATE	FEE	l
FOR .			NUMBER		NUMB	ER EXTRA	В	ASIC FEE		OR	BASIC FEE	710.00	l
TOTAL CHARGEABLE CLAIMS			)33 minus 20= * )			13 109		X\$ 9=	1017	OR	X\$18=		
INDEPENDENT CLAIMS			12 minus 3 = *			9		X40=	360	OR	X80=	ė v	l
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=	-	OR	+270=		
* If the difference in column 1 is less than zero, ent						olumn 2	L	TOTAL	1737	OR	TOTAL		l
CLAIMS AS AMENDED - PART II									1696		OTHER	THAN	•
		(Column 1)	(Colum		(Column 3)		SMALL I	ENTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE®	
	Total	.129	Minus	** 10	19	= -		X\$ 9=		OR	X\$18=,		Marketon All
	Independent	NTATION OF MI	Minus ,	*** /	CLAIM			X40=		OR	X80=	4 4 4 A	. O
<b>L</b> _	·			;	OLAHVI		[, •	+135=		OR	+270=	6-13 <b>84</b> 3	Care Care
	•			1		9	AD	TOTAL DIT. FEE	ů.	OR	TOTAL ADDIT: FEE	en l	10.00
	BALL CLERKEN .	(Column.1)	,	(Colum	nn 2)	(Column 3)		or is the	A American	AAA			
AMENDMENT B		CLAIMS , REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	Control Line In
	Total	105	Minus	·· 12	9			X\$ 9=		OR	X\$18= <u>/</u>	*****	Allen of Ast.
	Independent	. 23	Minus	*** } ;	2_	= //		X40=		OR	X80=	94KM	
L	FIRST PRESE	JLTIPLE DEP	EPENDENT CLAIM				+135=	. •	OI.	+270=	7.72 K	e de	
			· · ·				Ŀ	TOTAL DIT. FEE		OR	TOTAL	tee 1	107.27
	(Column 1) (Column 2) (Column 3)								, i		ADDIT. FEE	Trail Ser	X 4253
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	EST BER USLY	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	The second second
	Total	•	Minus	**		=	,	X\$ 9=		OR	X\$18= <sub>0</sub>	-	12
	Independent	*	Minus	***		=		X40=			X80=		Act of the last
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-135=	-	OR		14 - 14 V	Mary Care
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	\$ 1.44	1
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													